

BEST AVAILABLE COPY

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | | SERIAL NO. 10780640 | FILING DATE 021504 | | | | |
|---|-----|------------------------|-----|------------------------|-----|--------------|---------------------|--------------------|-----|-----|-----|--|
| | | | | | | | APPLICANT(S) | | | | | |
| | | | | | | | CLAIMS | | | | | |
| AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | | | | | |
| IND | DEP | IND | DEP | IND | DEP | 010 | 020 | 030 | 040 | 050 | 060 | |
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| 2 | 1 | 1 | | | | 02 | | | | | | |
| 3 | 2 | 2 | | | | 03 | | | | | | |
| 4 | 0 | | | | | 04 | | | | | | |
| 5 | 1 | 1 | | | | 05 | | | | | | |
| 6 | 1 | 1 | | | | 06 | | | | | | |
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| TOTAL IND. | | 3 | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | | 4 | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | 7 | | | | TOTAL CLAIMS | | | | | | |